

KENTUCKY

Cabinet for Health and Family Services
Department for Medicaid Services



Working with Kentucky Medicaid

Kentucky Board of Alcohol and Drug Counselors

July 26, 2017

Veronica Judy Cecil, JD
Deputy Commissioner

Medicaid at a Glance

- 1.4 Million Members
- \$11 Billion Budget
- Managed Care Delivery System
 - 90% of the Medicaid population
 - Aetna, Anthem, Passport, Humana-CareSource and Wellcare
- MCO contracts
 - <http://chfs.ky.gov/dms/contracts.htm>

BEHAVIORAL HEALTH SERVICES

Rehabilitation Services

Screening

Assessment

Psychological Testing

Crisis Intervention

Mobile Crisis

Residential Crisis Stabilization

Day Treatment (Kids only)

Peer Support

Parent/Family Peer Support

Intensive Outpatient Program

Individual Outpatient Therapy

Group Outpatient Therapy

Family Outpatient Therapy

Collateral Outpatient Therapy (Kids only)

Partial Hospitalization

Service Planning (MH only)

Residential Services for Substance Use Disorders

Screening, Brief Intervention and Referral to Treatment (SU only)

Assertive Community Treatment (MH only)

Comprehensive Community Support Services (MH only)

Therapeutic Rehabilitation Program (MH only)

Behavioral Health Services

Court ordered services are not covered.*



Services must be medically necessary as determined by a medical or behavioral health professional as indicated in Medicaid's State Plan and regulations.

*907 KAR 17:020 Section 13 – Court ordered psychiatric services for under 21 and over 64

BEHAVIORAL HEALTH SERVICES

What services can I provide?

- Within scope of licensure
- Authorized by regulation

What if I am dually licensed?

- Only have to enroll into one provider type if licensure covers all performing services
 - Example: LPCC and LCADC. You can provide mental health and substance use services under LPCC. Be sure to reflect appropriate credential when documenting.
- Otherwise, you must enroll in the provider type that covers your licensure

BEHAVIORAL HEALTH SERVICES

907 KAR Chapter 15

Individual, Group and Multi-Specialty Group Providers –
LCADC, LCADCA, CADC, RADPSS, MSG

- 15:010 Services:
<http://www.lrc.ky.gov/kar/907/015/010.htm>
- 15:015 Reimbursement:
<http://www.lrc.ky.gov/kar/907/015/015.htm>

Behavioral Health Service Organization - CADC

- 15:020 Services:
<http://www.lrc.ky.gov/kar/907/015/020.htm>
- 15:025 Reimbursement:
<http://www.lrc.ky.gov/kar/907/015/025.htm>

BEHAVIORAL HEALTH SERVICES

907 KAR Chapter 17

- 17:015 Requirements and Policies for Providers:
<http://www.lrc.ky.gov/kar/907/017/015.htm>
- 17:025 Utilization Management:
<http://www.lrc.ky.gov/kar/907/017/025.htm>
- 17:035 External Independent Third-Party Review:
<http://www.lrc.ky.gov/kar/907/017/035.htm>
- 17:040 Appeal and Administrative Hearing:
<http://www.lrc.ky.gov/kar/907/017/040.htm>

BEHAVIORAL HEALTH PROVIDERS

Provider Network Expansion

Behavioral Health Services

Prior to January 1, 2014

Community
Mental Health
Center (CMHC)

After January 1, 2014

CMHC

Licensed
Practitioner

Licensed
Organization

Provider Group

Provider Network

Individual and group provider types specific to Medicaid covered Behavioral Health Services include:

Individual Provider Types

- Licensed Behavior Analyst
- Licensed Clinical Alcohol and Drug Counselor
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Art Therapist
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP)
- Licensed Psychological Practitioner (LPP)
 - Certified Psychologists with Autonomous Functioning

Group Provider Types

- Behavioral Health Multi-Specialty Group (MSG)

Licensed Organizations

- Behavioral Health Services Organization (BHSO)

Provider Network

Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Certified Social Worker – Master’s Level
- Certified Alcohol and Drug Counselor
- Licensed Assistant Behavioral Analyst
- Licensed Clinical Alcohol and Drug Counselor Associate
- Licensed Professional Counselor Associate
- Licensed Professional Art Therapist Associate
- Licensed Psychological Associate
- Marriage and Family Therapist Associate

Provider Network

Non-licensed professionals, including:

- Targeted Case Managers
 - Individual, provider group and licensed organization
- Community Support Associates
 - Licensed organization
- Peer Support Specialists
 - Provider group and licensed organization
- Registered Alcohol and Drug Peer Support Specialist
 - Individual, provider group and licensed organization

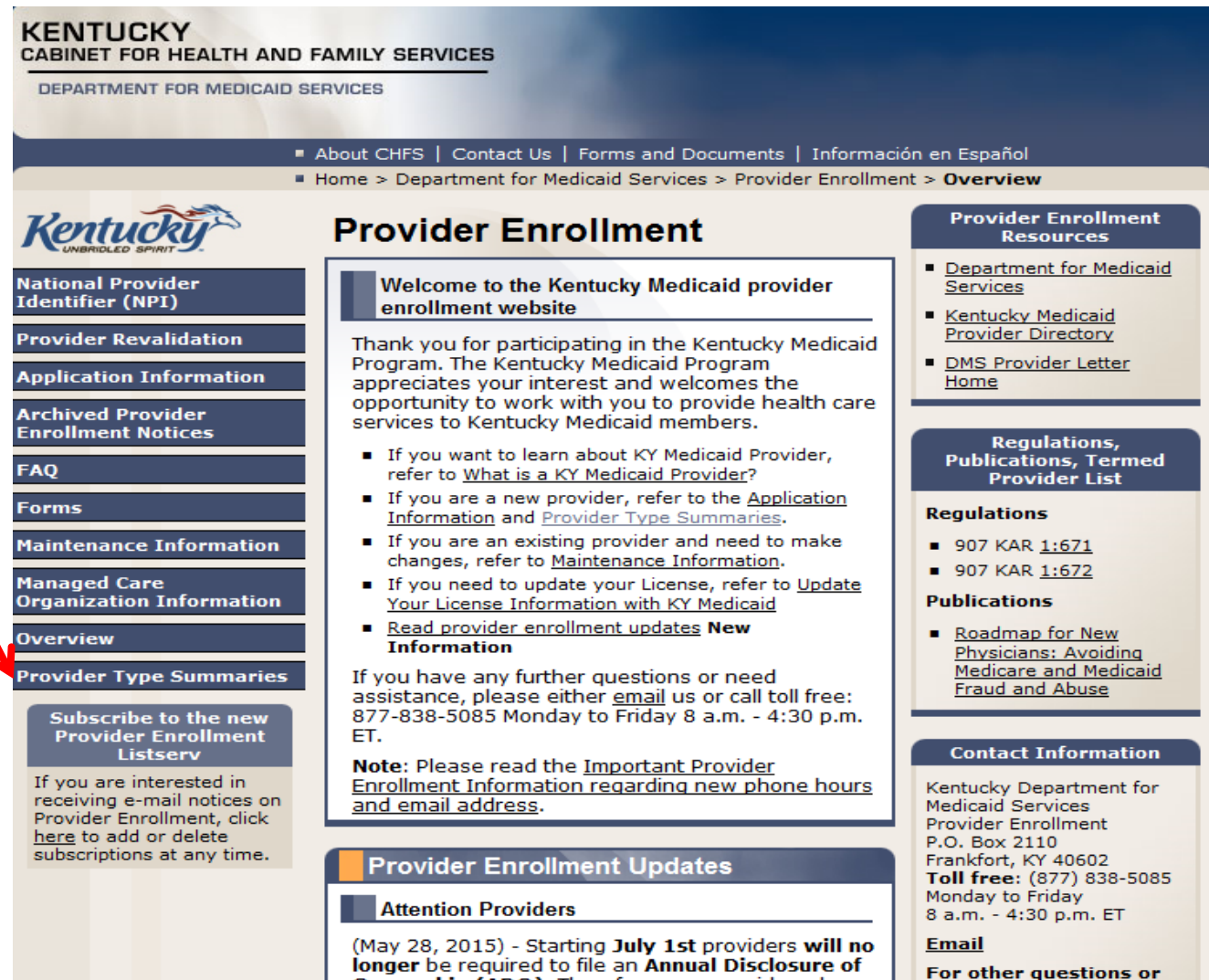


WORKING WITH KENTUCKY MEDICAID

Provider Enrollment

<http://www.chfs.ky.gov/dms/provEnr/>

Provider Type Summary



KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Overview**

Provider Enrollment

Welcome to the Kentucky Medicaid provider enrollment website

Thank you for participating in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)
- If you are a new provider, refer to the [Application Information](#) and [Provider Type Summaries](#).
- If you are an existing provider and need to make changes, refer to [Maintenance Information](#).
- If you need to update your License, refer to [Update Your License Information with KY Medicaid](#)
- [Read provider enrollment updates](#) **New Information**

If you have any further questions or need assistance, please either [email](#) us or call toll free: 877-838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

Note: Please read the [Important Provider Enrollment Information regarding new phone hours and email address](#).

Provider Enrollment Updates

Attention Providers

(May 28, 2015) - Starting **July 1st** providers **will no longer** be required to file an **Annual Disclosure of**

Provider Enrollment Resources

- [Department for Medicaid Services](#)
- [Kentucky Medicaid Provider Directory](#)
- [DMS Provider Letter Home](#)

Regulations, Publications, Termed Provider List

Regulations

- 907 KAR 1:671
- 907 KAR 1:672

Publications

- [Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)

Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: (877) 838-5085
Monday to Friday
8 a.m. - 4:30 p.m. ET

Email
For other questions or

Left Sidebar:

- National Provider Identifier (NPI)
- Provider Revalidation
- Application Information
- Archived Provider Enrollment Notices
- FAQ
- Forms
- Maintenance Information
- Managed Care Organization Information
- Overview
- Provider Type Summaries**
- Subscribe to the new Provider Enrollment Listserv
- If you are interested in receiving e-mail notices on Provider Enrollment, click [here](#) to add or delete subscriptions at any time.

Provider Enrollment

Previous Next Options ▾		
	42 - Home and Community Based Waiver	
	43 - Adult Day Health Care	
	44 - Hospice	
	45 - Early and Periodic Screening, Diagnosis, and Treatment Special Services (EPSDT)	
	48 - Home Delivered Meals	
	50 - Hearing Aid Dealer	
	509 - Hearing Aid Dealer Group	
	52 - Optician	
	528 - Optician Group	
	54 - Pharmacy	
	55 - Emergency Transportation	
	56 - Non-Emergency Transportation	
	57 - Transportation Broker	
	60 - Dentist	
	61 - Dentist Group	
	62 - Licensed Professional Art Therapist	
	629 - Licensed Professional Art Therapist Group	
	63 - Applied Behavior Analyst	
	639 - Applied Behavior Analyst Group	
	64 - Physician	
	659 - Physician Group	
	66 - Behavioral Health Multi-Specialty Group	
	67 - Licensed Clinical Alcohol and Drug Counselors	
	70 - Audiologist	
	709 - Audiologist Group	
	73 - Birthing Centers	
	74 - Certified Registered Nurse Anesthetist	
	749 - Certified Registered Nurse Anesthetist Group	
	76 - Multi-Therapy Agency	
	77 - Optometrist	
	779 - Optometrist Group	
	78 - Advanced Practitioner Registered Nurse	
	789 - Advanced Practitioner Registered Nurse Group	
	79 - Speech Language Pathologist	

67 – Licensed Clinical Alcohol and Drug Counselor

Provider Type Summary

Licensed Clinical Alcohol and Drug Counselor (LCADC)
Provider Type 67
[907 KAR 15:010](#)
[907 KAR 15:015](#)

Information about the program:

- Provider must be an individual
- Only in-state providers may enroll
- Provider must have a permanent physical address/location

Application Information and Supporting Documentation required for processing:

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- Copy of the provider's Social Security Card- No other forms of verification will be accepted. If applicant has a Social Security Card stating "valid for work only" with DHS/INS Authorization, please refer to additional requirements by clicking on the following link: [DHS/INS Documentation](#). Social Security Cards with moniker "not valid for employment" will not be accepted
- LCADC license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)

Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Important Address:


For Licensure, contact
[Kentucky Board of Alcohol and Drug Counselors](#)
911 Leawood Drive
P.O. Box 1360
Frankfort, Kentucky 40602
Phone: 502-782-8814

Provider Enrollment

FORMS

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Forms**



National Provider Identifier (NPI)
Provider Revalidation
Application Information
Archived Provider Enrollment Notices
FAQ
Forms
Maintenance Information
Managed Care Organization Information
Overview
Provider Type Summaries

Forms

Welcome to the Kentucky Department of Medicaid Services Provider Enrollment Forms webpage.

If you are a new provider, refer to the [enrollment forms](#) listed below.

If you are an existing provider and need to make changes, refer to the [maintenance forms](#) listed below.

Attention Providers - MAP-811 form launch delayed

(May 5, 2015) - An April 26, 2015 letter sent to providers regarding 2015 legislative changes to provider enrollment included the statement, "In addition, effective May 1, 2015, all applications must be submitted on the revised MAP-811 in order to be processed. Otherwise, the application will be returned."

Due to technical difficulties launching the new MAP-811 form, DMS advises providers this change will not take effect until July 1, 2015. You may submit either version of the MAP 811 application until July 1, 2015.

Enrollment Forms

- [MAP- 811 \(Enrollment\)](#) (rev. May 2015) **New** (with [MAP- 811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form - and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit)
- [MAP-900 \(Revalidation\)](#) (rev. May 2015) **New**
- [Map 347](#) - Statement for Authorization of Payment [MAP-347 Group Linkages](#) **New**
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)

Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: 877-838-5085
Monday to Friday
8 a.m. - 4:30 p.m. EST

Email

For questions regarding this website, e-mail the CHFS DMS Webmaster

Provider Enrollment

Map-811 Checklist

NOTICE: Pursuant to 907 KAR 1.672, Section 2 1(c) (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid members prior to your effective date is at your own financial risk.

A complete list of enrollment requirements for each provider type can be found on our website at the following link: <http://www.chfs.ky.gov/dms/provEnr/Provider-Type-Summaries.htm>

Did you:

- ◆ Complete all questions? Questions not applicable should be completed with "N/A".
(Applications will be rejected for any questions left blank.)
- ◆ Sign and date signature page (page 12) *Electronic or stamped signatures are not accepted.*
- ◆ Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?
- ◆ Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.
- ◆ Attach a [MAP-347](#) if individual wants to be linked to group KY Medicaid provider number.
- ◆ Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.
- ◆ If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at <http://www.chfs.ky.gov/dms/provEnr/Provider-Type-Summaries.htm>.
- ◆ Keep a copy of the application for your records.

Not completing these reminders will delay the processing of your application. Please ensure that all reminders above are completed. Other information not mentioned above may be requested during the processing of your application.

If you are completing this application for ENROLLMENT and you will not be participating with a MCO, please send this application to the following address:

Kentucky Medicaid
P.O. Box 2110
Frankfort, KY 40602

If you are completing this application for ENROLLMENT and you will be participating with a MCO, you will need to submit this application to the MCO of your choice.

Please do not send the application directly to the Department for Medicaid Services. This will delay the processing of your application.

If you have any questions regarding your enrollment, please call Kentucky Medicaid toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 4:30 pm, EST, Monday through Friday.

Map-811 (Enrollment)
(Rev 7/2015)

COMMONWEALTH OF KENTUCKY DEPARTMENT FOR MEDICAID SERVICES SECTION A: ADMINISTRATIVE INFORMATION

For Kentucky Medicaid Use Only

ATIS: _____
Identifier: _____
Provider Type: _____
Reviewer's Initials: _____

I am enrolling as a: <input type="checkbox"/> New Provider <input type="checkbox"/> Re-applicant <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Reinstatement			
Will you be contracting with a KY Managed Care organization (MCO)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate which MCO?</i>			
<input type="checkbox"/> Anthem <input type="checkbox"/> Coventry Cares of Kentucky <input type="checkbox"/> Humana CareSource <input type="checkbox"/> Passport Health Plan <input type="checkbox"/> WellCare of Kentucky			
1. Kentucky Medicaid Provider Number: _____ <input type="checkbox"/> Check here for N/A (Complete only if you have indicated Reapplicant, or Reinstatement above.)			
2. Applying As: Please check only one box and print clearly. For individual applicants, please input any suffixes if applicable.			
<input type="checkbox"/> Individual <input type="checkbox"/> Entity <input type="checkbox"/> Group			
Last: _____ First: _____ MI: _____ Name: _____			
3. Doing Business As (DBA): _____			
4. Please select: <input type="checkbox"/> Public <input type="checkbox"/> Private 5. Please select: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit			
6. License/Certification #: _____ 7. Provider Type: _____			
8. Type of Service: _____ 9. Date Provider Requests Effective Enrollment: ____/____/____ (Date must be in mm/dd/yyyy format.)			
10. National Provider Identifier (NPI): _____ 11. Primary Taxonomy Code: _____ (Attach extra sheet if necessary.)			
12. SSN: _____ 13. FEIN (Please list only if you own the FEIN 100%): _____ 14. Date of Birth: _____			
15. DMS will report all monies paid to the IRS. Please indicate which number you use for tax reporting. (If you are enrolling as an individual and do not own a FEIN, please check SSN field). (Check one only.) <input type="checkbox"/> SSN <input type="checkbox"/> FEIN			
16. Tax Structure: Please select only one structure.			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government/Non-Profit			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Public Service Corporation <input type="checkbox"/> Limited Liability Company			
17. Agent of Service in Case of Summons (N/A not acceptable). 18. Telephone # of Agent of Service First Name: _____ Last Name: _____ (N/A not acceptable).			
19. PRIMARY PHYSICAL BUSINESS LOCATION: (If you have more than one physical location, attach a copy of items listing additional locations. If an entity/group is applying, each additional location may require separate enrollment.)			
Street Address: _____			
City: _____ State: _____ Zip: _____			
Phone #: _____ Ext: _____ Fax #: _____ County: _____			
20. MAILING ADDRESS: <input type="checkbox"/> (Check here if same as primary physical business address)			
Address: _____			
City: _____ State: _____ Zip: _____			
Credentialing Contact Information (Required) (This individual will be contacted should any information be needed to process the application.) <i>Note: Your email address will not be given to any outside party for any reason. DMS may use provider email addresses to send provider letters/notes.</i>			
Name: _____ Email Address: _____			
Phone: _____ Fax Number: _____			
21. PAY-TO/1099 ADDRESS: <input type="checkbox"/> (Check here if same as primary physical business address)			
Address: _____			
City: _____ State: _____ Zip: _____			
Contact First Name: _____ Contact Last Name: _____ Phone #: _____			
22. List any Kentucky Medicaid group/facility numbers you have held in the past three years. <input type="checkbox"/> Check here for N/A			
23. Please list all Medicare Provider Numbers. (Attach extra sheet if necessary.) <input type="checkbox"/> Check here for N/A			

Fill out all Applicable Sections. Write Not Applicable (N/A) for questions that do not apply. Applications will be rejected for any questions left blank. Please print or type. Reformatted or altered applications will not be accepted.

- 1 -

MAP-811 ENROLLMENT APPLICATION

Provider Enrollment

ANSWER ALL QUESTIONS ON THE FORM!

- If it does not apply, be sure to indicate **N/A**. Many of the questions do not apply to an individual.
- Do not answer a question and check N/A.
- We cannot assume the answer. It must be complete.
- Clock starts with a correct and complete application.

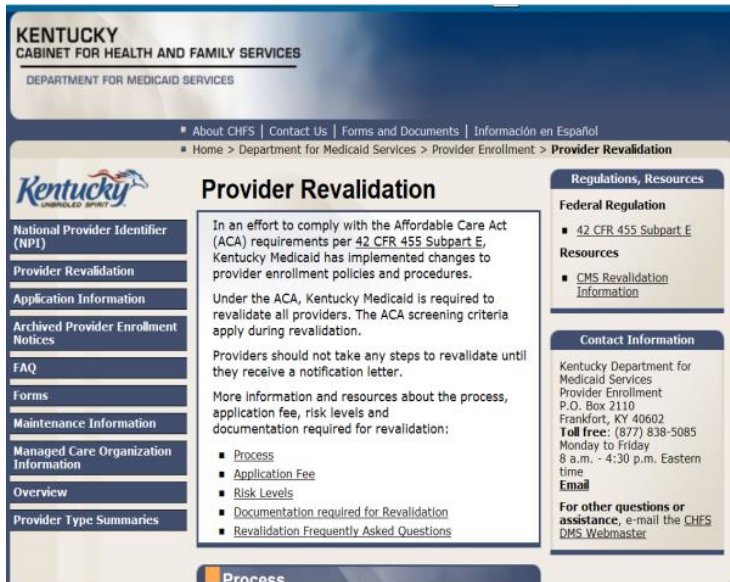
Common issues:

- Ensure the **entire legal name** is entered – no initials.
- Ensure the number listed is the Medicaid provider number for the provider that the form pertains to.
- Do not put NPI or Tax ID if it asks for Medicaid provider number.
- If an **attachment** is needed, make sure the **attachment** is **clearly labeled** with the question number and the **question** indicates “**see attached**”.
- Ensure the correct **taxonomy** is listed.
- *Sign the form*

Enrollment versus Credentialing

- Medicaid
 - Meet enrollment requirements
- Managed Care Organizations
 - NCQA Accredited
 - Meet Credentialing Requirements
 - Agree to Contract

Provider Enrollment & Maintenance



The screenshot shows the Kentucky Department for Medicaid Services website. The header includes the state name and department. A navigation bar lists links like 'About CHFS', 'Contact Us', and 'Forms and Documents'. The main content area is titled 'Provider Revalidation' and explains the requirements for providers to comply with the Affordable Care Act (ACA). It mentions that providers must be revalidated every five years and provides a list of links for 'Process', 'Application Fee', 'Risk Levels', 'Documentation required for Revalidation', and 'Revalidation Frequently Asked Questions'. A sidebar on the right contains 'Regulations, Resources' and 'Contact Information'.

REVALIDATION

- All providers every five years
- Screening criteria according to risk level
 - **Limited, Moderate, High**
- Certain providers require Application Fee
- Medicare participating waives state requirements in certain circumstances
- **Wait to receive a notification letter.**

Provider Enrollment & Maintenance

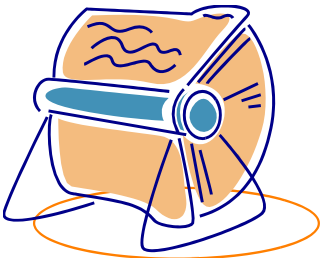
For more information or
to subscribe to a Listserve,
please visit:

<http://www.chfs.ky.gov/dms/provEnr/>

Provider Type Summaries

Subscribe to the new Provider Enrollment Listserv

If you are interested in
receiving e-mail notices on
Provider Enrollment, click
[here](#) to add or delete
subscriptions at any time.



CONTACT INFORMATION:

Provider Licensing and Certification Branch

1-877-838-5085

program.integrity@ky.gov

PROVIDER AUDITS

Provider Audits

- Document, Document, Document
- Not changing diagnosis
 - Reviewing documentation to support what was billed
- Top Billing Errors
 - Claims did not follow CPT Coding Guidelines, NCCI edits, regulation requirements or limits
 - Duplication of service
 - Billing add-on codes without primary code
 - Billing Medicaid as primary when Medicare or Third Party Insurance liable

Provider Audits

- Written dispute within 30 days of receipt. Calls to the Recovery Audit Contractor or KY Medicaid do not preserve the provider's right to appeal.
- Send complete documentation according to instructions.
- Payment Plan.

The Future

➤ Partner Portal – Kentucky Online Gateway



KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > **Kentucky Medicaid Partner Portal Application Information (MPPA) page**

Kentucky
UNBRIDLED SPIRIT

DMS Home

Kentucky Medicaid Partner Portal Application Information (MPPA) page

Kentucky Medicaid Waiver Management Application (MWMA)

Medicaid Assistance Program (MAP) Forms

Medicaid Enterprise Management System (MEMS) Procurement

Medicaid Tobacco Cessation Program

Programs and Services

Fee and Rate Schedules

Boards and Committees

Kentucky Medicaid Partner Portal Application Information

Welcome to the Kentucky Medicaid Partner Portal Application Information Web page. This page will serve as a one-stop resource for the latest information related to the Medicaid Partner Portal Project and its implementation.

More information:

- [What is the Medicaid Partner Portal Application?](#)
- [What is the project Focus and benefit?](#)
- [When will the Medicaid Partner Portal be implemented?](#)
- [Additional Questions?](#)
- [Additional Resource Links](#)

Please be sure to visit this page periodically as content will be updated on an ongoing basis.

What is the Medicaid Partner Portal Application?

Additional Resource Links

- [New Partner Portal Onboarding Message](#)
- [Program Integrity](#)
- Coming Soon - Partner Portal Training Material

QUESTIONS



Veronica Cecil

Veronica.Cecil@ky.gov

Policy Questions

DMS.Issues@ky.gov